

Biennial Hazardous Waste Report

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Business Operations Unit



Department of Toxic Substances Control



Cal/EPA

Why Do This Report?

- Required by law
- Measures waste minimization efforts in industry groups
- Improves understanding of hazardous waste generation and management
- Summarizes and communicates the results of the reporting effort to the public.

Who Has to File?

- RCRA Large Quantity Generators (LQGs)
- Treatment, Storage, and Disposal Facilities (TSDFs)
- One time clean-up: Generated 220 lbs. or more of *acute* RCRA waste

RCRA Large Quantity Generators (LQGs)

(CFR Title 40 §262.41)

- Generated, in **any single calendar month**, (including quantities imported by importer site) 1,000 kg. (2,200 lbs.) or more of RCRA non-acute hazardous waste, OR
- **In any single calendar month generated, or accumulated at any time**, more than 1 kg. (2.2 lbs.) of RCRA acute hazardous waste, OR
- Generated, **in any single calendar month**, more than 100 kg. (220 lbs.) of spill cleanup material contaminated with RCRA acute hazardous waste.

Required Forms

- RCRA Subtitle C Site Identification Form (SI Form)
- Generation and Waste Management Form (GM Form) and/or
- Waste Received from Off-site Form (WR Form)

Please Do Not Submit the Following:

- OI Forms
- Addendums
- Non-RCRA waste information (except TSDFs)



Quick and Easy Electronic Filing

<https://hwts.dtsc.ca.gov/WRS>

Why File Electronically?

1. No paper form!
2. It's simple, easy, and quick.
3. You only need to verify your site location.
4. No more errors! The database automatically tells you if you have an error.
5. No more lost Biennial Reports.

What is Mandatory?

Subtitle C Site Identification (SI) Form

Generation & Waste Management (GM) Form

Subtitle C Site Identification (SI) Form


Still want to fill out the forms?

- ## All fields are mandatory

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time (includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input checked="" type="checkbox"/>	Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQS regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

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3. Site Name

4. Site Location Address

Street Address	
City, Town, or Village	County
State	Zip Code

5. Site Mailing Address ☐ Same as Location Address

Street Address	
City, Town, or Village	
State	Zip Code

6. Site Land Type

<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
----------------------------------	---------------------------------	-----------------------------------	----------------------------------	---------------------------------	------------------------------------	--------------------------------	--------------------------------

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	C.
B.	D.

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Site ID (Page 2)

Make sure your EPA ID number is at the top of each page.

8. Complete ALL sections.

9. Enter **ALL** information

- Include email and phone number.

All fields are mandatory

EPA ID Number OMB# 2050-0024; Expires 05/31/2020

8. Site Contact Information ☐ Same as Location Address

First Name	MI	Last Name
Title		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone	Ext	Fax

9. Legal Owner and Operator of the Site ☐ Same as Location Address

A. Name of Site's Legal Owner

Full Name	Date Became Owner (mm/dd/yyyy)
Owner Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Street Address	
City, Town, or Village	
State	Country
Zip Code	
Email	
Phone	Ext
Fax	
Comments	

B. Name of Site's Legal Operator ☐ Same as Location Address

Full Name	Date Became Operator (mm/dd/yyyy)
Operator Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Street Address	
City, Town, or Village	
State	Country
Zip Code	
Email	
Phone	Ext
Fax	
Comments	

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Site ID (Page 3)

You **must** check either “Y” or “N” do not leave blank

10A. This section changed;
please read carefully

10B. Include **BOTH** federal
and state waste codes

All fields are mandatory

EPA ID Number		OMB# 2050-0024; Expires 05/31/2020							
10. Type of Regulated Waste Activity (at your site) Mark “Yes” or “No” for all current activities (as of the date submitting the form); complete any additional boxes as instructed.									
A. Hazardous Waste Activities									
<input type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If “Yes”, mark only one of the following—a, b, c								
<input type="checkbox"/>	a. LQ/G	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or -Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or -Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.							
<input type="checkbox"/>	b. SQ/G	100 to 1,000 kg/mo (220–2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.							
<input type="checkbox"/>	c. VSQ/G	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.							
If “Yes” above, indicate other generator activities in 2 and 3, as applicable.									
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If “Yes”, provide an explanation in the Comments section.								
<input type="checkbox"/> Y <input type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator								
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.								
<input type="checkbox"/> Y <input type="checkbox"/> N	5. Receives Hazardous Waste from Off-site								
<input type="checkbox"/> Y <input type="checkbox"/> N	6. Recycler of Hazardous Waste								
<input type="checkbox"/>	a. Recycler who stores prior to recycling								
<input type="checkbox"/>	b. Recycler who does not store prior to recycling								
<input type="checkbox"/> Y <input type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If “Yes”, mark all that apply.								
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption								
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption								
B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.									
C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.									

Site ID (Page 4)

11A-C. These sections changed;
please read carefully

You must check either “Y”
or “N” — do not leave blank

All fields are mandatory

EPA ID Number		OMB# 2050-0024; Expires 05/31/2020	
1. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)			
A. Other Waste Activities			
<input type="checkbox"/> Y <input type="checkbox"/> N	1. Transporter of Hazardous Waste—if “Yes”, mark all that apply.		
	<input type="checkbox"/> a.	Transporter	
	<input type="checkbox"/> b.	Transfer Facility (at your site)	
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Underground Injection Control		
<input type="checkbox"/> Y <input type="checkbox"/> N	3. United States Importer of Hazardous Waste		
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Recognized Trader—if “Yes”, mark all that apply.		
	<input type="checkbox"/> a.	Importer	
	<input type="checkbox"/> b.	Exporter	
<input type="checkbox"/> Y <input type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—if “Yes”, mark all that apply.		
	<input type="checkbox"/> a.	Importer	
	<input type="checkbox"/> b.	Exporter	
B. Universal Waste Activities			
<input type="checkbox"/> Y <input type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.		
	<input type="checkbox"/> a.	Batteries	
	<input type="checkbox"/> b.	Pesticides	
	<input type="checkbox"/> c.	Mercury containing equipment	
	<input type="checkbox"/> d.	Lamps	
	<input type="checkbox"/> e.	Other (specify) _____	
	<input type="checkbox"/> f.	Other (specify) _____	
	<input type="checkbox"/> g.	Other (specify) _____	
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Destination Facility for Universal Waste. Note: A hazardous waste permit may be required for this activity.		
C. Used Oil Activities			
<input type="checkbox"/> Y <input type="checkbox"/> N	1. Used Oil Transporter—if “Yes”, mark all that apply.		
	<input type="checkbox"/> a.	Transporter	
	<input type="checkbox"/> b.	Transfer Facility (at your site)	
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—if “Yes”, mark all that apply.		
	<input type="checkbox"/> a.	Processor	
	<input type="checkbox"/> b.	Re-refiner	
<input type="checkbox"/> Y <input type="checkbox"/> N	3. Off-Specification Used Oil Burner		
<input type="checkbox"/> Y <input type="checkbox"/> N	4. Used Oil Fuel Marketer—if “Yes”, mark all that apply.		
	<input type="checkbox"/> a.	Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner	
	<input type="checkbox"/> b.	Marketer Who First Claims the Used Oil Meets the Specifications	

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Site ID (Page 5)

13. Check "N." California has not applied the Episodic Generation Rule.

14. Check "N." California does not participate in the LQG Consolidation of VSQG Hazardous Waste

All fields are mandatory

EPA ID Number		OMB# 2050-0024; Expires 05/31/2020
12. Eligible Academic Entities with Laboratories —Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.		
<input type="checkbox"/> Y <input type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.	
<input type="checkbox"/>	1. College or University	
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university	
<input type="checkbox"/>	3. Non-profit institute that is owned by or has a formal written affiliation with a college or university	
<input type="checkbox"/> Y <input type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.	
13. Episodic Generation		
<input type="checkbox"/> Y <input type="checkbox"/> N	Are you an SQS or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.	
14. LQG Consolidation of VSQG Hazardous Waste		
<input type="checkbox"/> Y <input type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.	
15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)		
<input type="checkbox"/> Y <input type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.	
<input type="checkbox"/>	A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility	
	B. Expected closure date: mm/dd/yyyy	
	C. Requesting new closure date: mm/dd/yyyy	
	D. Date closed: mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	
16. Notification of Hazardous Secondary Material (HSM) Activity		
<input type="checkbox"/> Y <input type="checkbox"/> N	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.	
<input type="checkbox"/> Y <input type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(ii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.	
17. Electronic Manifest Broker		
<input type="checkbox"/> Y <input type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?	
EPA Form 8700-12, 8700-13 A/B, 8700-23		

Site ID (Page 5, Continued)

15. California has not applied the LQG Closure for a Central Accumulation Area Rule; check “N.”

16. California does not participate in Hazardous Secondary Material activity; check “N.”

17. Check “N.” You cannot be an e-Manifest broker and generator.

All fields are mandatory

EPA ID Number												OMB# 2050-0024; Expires 05/31/2020	
12. Eligible Academic Entities with Laboratories —Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.													
<input type="checkbox"/> Y <input type="checkbox"/> N		A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.											
		<input type="checkbox"/> 1. College or University											
		<input type="checkbox"/> 2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university											
		<input type="checkbox"/> 3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university											
<input type="checkbox"/> Y <input type="checkbox"/> N		B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.											
13. Episodic Generation													
<input type="checkbox"/> Y <input type="checkbox"/> N		Are you an SQS or VSQS generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.											
14. LQG Consolidation of VSQS Hazardous Waste													
<input type="checkbox"/> Y <input type="checkbox"/> N		Are you an LQS notifying of consolidating VSQS Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQS Consolidation of VSQS hazardous waste.											
15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)													
<input type="checkbox"/> Y <input type="checkbox"/> N		LQS Site Closure of a Central Accumulation Area (CAA) or Entire Facility.											
		<input type="checkbox"/> A. Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility											
		B. Expected closure date: _____ mm/dd/yyyy											
		C. Requesting new closure date: _____ mm/dd/yyyy											
		D. Date closed: _____ mm/dd/yyyy											
		<input type="checkbox"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)											
		<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)											
16. Notification of Hazardous Secondary Material (HSM) Activity													
<input type="checkbox"/> Y <input type="checkbox"/> N		A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.											
<input type="checkbox"/> Y <input type="checkbox"/> N		B. Are you notifying under 40 CFR 260.43(a)(4)(ii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.											
17. Electronic Manifest Broker													
<input type="checkbox"/> Y <input type="checkbox"/> N		Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?											
EPA Form 8700-12, 8700-13 A/B, 8700-23													
													Page 16 of 16

Site ID (Page 6)

18.Short term generator? You MUST include comments.

19.NEW Include the email of the signer.

You must send DTSC this page if you complete the report online.

- ORIGINAL (not photocopied) signatures

EPA ID Number 	OMB# 2050-0024; Expires 05/31/2020						
18. Comments (include item number for each comment)							
19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. <i>Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign [see 40 CFR 270.10(b) and 270.11].</i>							
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">Signature of legal owner, operator or authorized representative</td><td style="width: 30%;">Date (mm/dd/yyyy)</td></tr><tr><td>Printed Name (First, Middle Initial Last)</td><td>Title</td></tr><tr><td>Email</td><td></td></tr></table>		Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)	Printed Name (First, Middle Initial Last)	Title	Email	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)						
Printed Name (First, Middle Initial Last)	Title						
Email							
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">Signature of legal owner, operator or authorized representative</td><td style="width: 30%;">Date (mm/dd/yyyy)</td></tr><tr><td>Printed Name (First, Middle Initial Last)</td><td>Title</td></tr><tr><td>Email</td><td></td></tr></table>		Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)	Printed Name (First, Middle Initial Last)	Title	Email	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)						
Printed Name (First, Middle Initial Last)	Title						
Email							
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<small>Page of </small>							

Do Not Complete

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LQG Consolidation Of VSQG Hazardous Waste Addendum

California does not participate in the LQG Consolidation of VSQG Hazardous Waste

Do Not Complete

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**ADDENDUM TO THE SITE IDENTIFICATION FORM:
LQG CONSOLIDATION OF VSQG HAZARDOUS WASTE**

ONLY fill out this form if:

- You are an LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.

VSQG 1

1. EPA ID Number (if assigned) 2. Name

3. Street Address

4. City, Town, or Village 5. State 6. Zip Code

7. Contact Phone Number 8. Contact Name

9. Email

VSQG 2

1. EPA ID Number (if assigned)

3. Street Address

4. City, Town, or Village 6. Zip Code

7. Contact Phone Number

9. Email

VSQG 3

1. EPA ID Number (if assigned)

3. Street Address

4. City, Town, or Village 5. State 6. Zip Code

7. Contact Phone Number 8. Contact Name

9. Email

NO

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Generation And Waste Management (GM) Form

GM Form - Waste Activity



You need a GM Form for each type of waste generated.

- Waste generated and shipped in the reporting year
- Waste generated in the previous year and shipped in the reporting year
- Waste generated in the reporting year and shipped in the following year.

- You can find most of the information for your GM Form(s) on your manifest.
- Not found on the manifest:
 - Source code
 - Management method code
 - Waste minimization code
 - Waste density

EPA ID Number		OMB# 2050-0024; Expires 05/31/2020
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United States Environmental Protection Agency HAZARDOUS WASTE REPORT (reporting cycle) WASTE GENERATION AND MANAGEMENT (GM) FORM	
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1. Waste Characteristics

A. Waste Description			
B. EPA Hazardous Waste Code(s)			
C. State Hazardous Waste Code(s)			
D. Source Code		Management Method Code (Source Code 625 only)	
E. Form Code		F. Waste Minimization Code	
G. Quantity	UOM	Density	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.
Process System 1	Management Method Code
Process System 2	Management Method Code

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

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SAMPLE MANIFEST		DTSC. 00926. 0036	
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)			
UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator ID Number: CAR00009005		2. Page 1 of 5	3. Emergency Response Phone: 888-473-6090
4. Manifest Tracking Number: 005588355 JJK		5. Generator's Site Address (if different than mailing address): 617 E. 58th Street Los Angeles, CA 90011	
6. Generator's Name and Mailing Address: State of CA Dept. of Toxic Substances Control 1011 N. Grandview Glendale, CA 91201 Generator's Phone: 818-554-3222		U.S. EPA ID Number: CAR000148338	
7. Transporter 1 Company Name: Amertown Integrated Services, Inc.		U.S. EPA ID Number:	
8. Designated Facility Name and Site Address: Stamens Water Technologies 5375 South Boylston Avenue Los Angeles, CA 90058 Facility's Phone: 323-277-1500		U.S. EPA ID Number: CAD007030993	
9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)): NA3082, Hazardous Waste Liquid, N.O.S., 9, PGIII		10. Containers: No. 1 Type TT	11. Total Quantity: 1,1600
			12. Unit (see 40 CFR 171.15): G
			13. Waste Codes: 132 D007
14. Special Handling Instructions and Additional Information: Wear appropriate PPE while handling. Weights or volumes are approximate. Water contaminated with Chromium Job#: 26003-19 Protocol: P169175			
15. GENERATOR/SUPPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.22(a) (1) (I am a large quantity generator) or (b) (I am a small quantity generator) is true.			
Generator's/Officer's Printed/Typed Name: on behalf of DTSC		Signature: _____ Month: _____ Day: _____ Year: 13/11/09	
16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____	
17. Transporter Acknowledgment of Receipt of Materials: Transporter 1 Printed/Typed Name: _____ Signature: _____ TRANSPORTER'S SIGNATURE HERE Transporter 2 Printed/Typed Name: _____ Signature: _____			
18. Discrepancy: 18a. Discrepancy Indication Space: <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection			
18b. Alternate Facility (or Generator):		U.S. EPA ID Number:	
Facility's Phone:		18c. Signature of Alternate Facility (or Generator): _____ Month: _____ Day: _____ Year: _____	
19. Hazardous Waste Receipt Manifest Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems):			
1. H035		2. _____ 3. _____ 4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in 18b.		Printed/Typed Name: _____ Signature: _____ TSDF SIGNED NAME HERE 10/31/09	



WR Form

WR Form


TSDFs ONLY!!

Generators DO NOT fill out the WR form

ALL sections for each waste handler **MUST** be completed by TSDFs.

EPA ID Number OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT (reporting year)
WASTE RECEIVED FROM OFF-SITE (WR) FORM



1. Waste 1

A. Waste Description									
B. EPA Hazardous Waste Code(s)									
C. State Hazardous Waste Code(s)									
D. EPA ID Number				E. Form Code		F. Management Code			
G. Quantity		UOM	Density					<input type="checkbox"/> lbs/gal <input type="checkbox"/> zg	

2. Waste 2

A. Waste Description:									
B. EPA Hazardous Waste Code(s)									
C. State Hazardous Waste Code(s)									
D. EPA ID Number				E. Form Code		F. Management Code			
G. Quantity		UOM	Density					<input type="checkbox"/> lbs/gal <input type="checkbox"/> zg	

3. Waste 3

A. Waste Description:									
B. EPA Hazardous Waste Code(s)									
C. State Hazardous Waste Code(s)									
D. EPA ID Number				E. Form Code		F. Management Code			
G. Quantity		UOM	Density					<input type="checkbox"/> lbs/gal <input type="checkbox"/> zg	

4. Comments

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EPA Form 8700-12, 8700-13 A/B, 8700-23

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Nine Helpful Tips

1. Unable to use the online database? Submit a paper copy and make sure all entries are legible. Proofread your forms.
2. Sign and date the Site ID form. (Preferably in [blue ink](#))
3. Include your CA waste codes on your SI, GM and/or WR Forms.
4. If you have flat files to submit, save your report to a USB drive (WIN 32 FAT) or CD-ROM, include the signed Site ID form, and send to DTSC.
5. If you are a TSDF, include your Form CC or CO.

Nine Helpful Tips continued

6. Do not report CA-only waste if there are no RCRA components (unless you are a TSDF).
7. Include the density field when the reporting unit is gallons, liters, or cubic yards (UOM 5, 6, or 7).
8. Submit an exemption request form if you are not submitting your Biennial Report.
9. Keep a copy of the completed report/exemption request for your records.

Note: Materials submitted will NOT be returned

Materials Posted On DTSC's Website At:

DTSC.CA.gov

Go to this link to report **electronically**:

<https://hwts.dtsc.ca.gov/WRS>

Go to this link for Biennial Report information and forms:

https://dtsc.ca.gov/HazardousWaste/AnnualReports/Biennial_Reports

Go to this link for Annual Report information and forms:

<https://dtsc.ca.gov/HazardousWaste/AnnualReports/AFR>

Go to this link for contact and mailing information:

<https://www.dtsc.ca.gov/hazardouswaste/annualreports/contactinfo>

Mandatory

Send DTSC the Certification page of your SI Form

Department of Toxic Substances Control
Biennial/Annual Report
PO Box 806
Sacramento, CA 95812-0806

OR

Department of Toxic Substances Control
Biennial/Annual Report
1001 I Street MS 11-27
Sacramento, CA 95814

How To Contact DTSC

email: brsstaff@dtsc.ca.gov